

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) MLC/FM/2676PC

Box No. I TITLE OF INVENTION	
HIGH STRENGTH BIORESORBABLE CO-POLYMERS	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	Telephone No. 0207 401 7646
Smith & Nephew Plc 15 Adam Street London WC2N 6LA	Facsimile No. 0207 930 3353
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	Applicant's registration No. with the Office
State (that is, country) of nationality: United Kingdom	State (that is, country) of residence: United Kingdom
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
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ROSE, John 62 Willow Park Road Wilberfoss York YO41 5PS	<input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
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State (that is, country) of nationality: United Kingdom	State (that is, country) of residence: United Kingdom
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	Telephone No. 01904 824000
Martin Connors Research Centre York Science Park Heslington York YO10 5DF United Kingdom	Facsimile No. 01904 824003
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<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	